

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/09/2015
NAME OF PROVIDER OR SUPPLIER SHADY LAWN NURSING AND REHABILITATION CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 2582 CERULEAN ROAD CADIZ, KY 42211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	<p>INITIAL COMMENTS</p> <p>A complaint survey investigating KY #23047 was conducted on 04/09/15 to determine the facility's compliance with State requirements. KY #23047 was unsubstantiated with no deficiencies cited.</p>	N 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE